

**NORTH COAST CHURCH**  
**Medical and Liability Release Form / Amazing Race to Serve**

NAME \_\_\_\_\_ SEX \_\_\_\_\_ D.O.B. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

IN CASE ABOVE NUMBERS DO NOT ANSWER, PLEASE NOTIFY:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP TO STUDENT? \_\_\_\_\_  
DOCTOR INFORMATION: NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**HEALTH HISTORY**

**Allergies:** ☐ Insect stings ☐ Drugs (type \_\_\_\_\_) Others: \_\_\_\_\_

**Other Conditions:** ☐ Heart Condition ☐ Frequent Colds ☐ Chronic Asthma ☐ Diabetes ☐ Hay Fever  
☐ Frequent Stomach Upsets ☐ Epilepsy ☐ Physical Handicap ☐ Other: \_\_\_\_\_

If you checked any of the above, please give details, (i.e. include normal treatment of allergic reactions) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and dosage of any medications that must be taken: \_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Any swimming restrictions: ☐ Yes ☐ No

Any activity restrictions: ☐ Yes ☐ No

What restrictions? \_\_\_\_\_

**Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church related activity.**

Do you have health insurance? ☐ Yes ☐ No

Name and Address \_\_\_\_\_ Policy Number \_\_\_\_\_

**If you DO NOT have health insurance please fill out the additional medical insurance waiver on the bottom of this form.**

**Liability Release**

*"In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order and injection, anesthesia, or surgery for my son or daughter as deemed necessary."*

*Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, I agree to assume and accept all responsibility for risks and hazards inherent at this event/retreat. I also agree not to hold this church or its employees or volunteer staff liable for damages, losses, injuries or death to myself. I understand that I am signing this form for both medical and liability release.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IF UNDER 18 / PARENT GUADIAN RELEASE:**

\_\_\_\_\_  
Parent / Guardian Name printed

\_\_\_\_\_  
Parent / Guardian Name Signature

Parent / Guardian Contact Info – Cell # \_\_\_\_\_ Hm # \_\_\_\_\_

**Valid from: February 4, 2017 - Through: February 4, 2017**

**Medical Insurance Waiver (Only for those without insurance)**

**Valid from: February 4, 2017 - through February 4, 2017**

\_\_\_\_\_ has no medical insurance. I/we, \_\_\_\_\_ accept full

Your Name

Parent or Legal Guardian

responsibility for any medical expenses incurred as a result of an accident or injury that occurs during a North Coast Church sponsored activity.

\_\_\_\_\_  
Adult / Parent / Guardian Signature

\_\_\_\_\_  
Date

## **CITY OF OCEANSIDE RELEASE AGREEMENT FOR SPECIAL EVENTS**

IN CONSIDERATION OF BEING PERMITTED TO PRODUCE THIS SPECIAL EVENT OR ACTIVITY OR USE OF ANY CITY FACILITIES IN CONNECTION WITH THIS ACTIVITY, THE UNDERSIGNED AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES AND DISCHARGES THE CITY OF OCEANSIDE, ITS EMPLOYEES, OFFICER AND AGENTS (hereinafter referred to as "releasees") from all liability to the undersigned, his/her personal representatives, assigns, heirs, and next of kin for any loss, damage, or claim, therefore on account of injury to the person or property of the undersigned, whether caused by any negligent act or omission of the releasees or otherwise while the undersigned is participating in a special event within the City of Oceanside or using any City facilities in connection with the activity.
2. THE UNDERSIGNED HEREBY AGREES TO DEFEND, INDEMNIFY AND HOLD HARMLESS the releasees from all liability, claims, demands, causes of action, charges, expenses, and attorney fees (including attorney fees to establish the releasees' right to indemnity or incurred on appeal) resulting from involvement in this event whether caused by any negligent act or omission of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while upon City property or participating in the event or using any City facilities and equipment whether caused by any negligent act or omission of releasees or otherwise.

The undersigned expressly agrees that the foregoing release and waiver, indemnity agreement and assumption of risk are intended to be as broad and inclusive as permitted by California law and that if any portion thereof be held invalid, notwithstanding, the balance shall continue in full legal force and effect.

I acknowledge that I have read the foregoing and that I am aware of the legal consequences of this agreement, including that it prevents any and all event participants, staff or volunteers involved in the production and participation of said event from suing the City or its employees, agents, or officers if injured or damaged for any reason as a result of participation in this activity or event. I further acknowledge that no oral representations, statements or inducements have been made.

**EVENT NAME:** \_\_\_\_\_ **EVENT DATE:** \_\_\_\_\_

☐ **Sponsor/Organizer**

☐ **Vendor/Exhibitor**

☐ **Participant**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_